



**COMMUNITY DEVELOPMENT BLOCK GRANT
FUNDING APPLICATION FOR 2003-04**

COVER SHEET

Program/Project Name: _____

Agency Name: _____

Agency Address: _____

Telephone Number: _____

Fax Number: _____

CEO/Executive Director: _____

CFO/Financial Director: _____

Program Contact Person & Title: _____

Telephone (if different than above): _____

E-mail address: _____

Please include all of the following:

- ☐ Cover Sheet
- ☐ Application
- ☐ Work Plan
- ☐ Budget
- ☐ Complete list of all current revenue sources
- ☐ Articles of incorporation (only if this is a new funding request)
- ☐ Authorization to request funds and to sign binding contracts (include a copy of the minutes which the governing body's resolution, motion or other official action is recorded)

APPLICATION DEADLINE IS DECEMBER 20, 2002 at 5:00 p.m.

Community Development Department/Housing Division
430 Davidson Street, Suite B
Chula Vista, CA 91910

For questions contact Judith Atwood at (619) 691-5036 or via e-mail at jatwood@ci.chula-vista.ca.us

DO NOT REFORMAT THIS DOCUMENT OR IT WILL BE RETURNED!

APPLICATION

Instructions: Please complete the application in the space provided. **Do Not attach additional sheets** other than the required documentation (an exception is made for the budget portion of the application). **Applications must be computer generated or typed. DO NOT REFORMAT THIS DOCUMENT ON YOUR COMPUTER OR IT WILL BE RETURNED.** If you would like an electronic version contact the Housing Division offices.

If your responses to the questions are not included on this application, it will be returned – No Exceptions.

1. Amount of 2003-04 CDBG funding requested? \$ _____
2. Amount of 2002-03 funding received for this same program? \$ _____
3. Number of years has your organization has received CDBG funding from Chula Vista: \$ _____
4. Will this program be physically located in Chula Vista? If not, where is it located?
5. Please complete the following:
 - A. Total Clients served and estimated to be served in:
2002-03 _____
2003-04 _____
 - B. Chula Vista residents served and estimated to be served in: (Not including Web Clients)
2002-03 _____ % of Total Clients _____
2003-04 _____ % of Total Clients _____
 - C. Low-income clients served and estimated to be served in:
2002-03 _____ % of Total Clients _____
2003-04 _____ % of Total Clients _____

Low Income Thresholds

Household Size	1	2	3	4	5
Income	\$33,650	\$38,450	\$43,250	\$48,100	\$51,950

6. Of the three (3) national objectives for the CDBG program, please check the national objective your organization meets.

Benefit at least 51% low and moderate households
Elimination of slums and/or blight
National disaster

7. Describe the services you provide to your clients:

8. Please describe the target population and why this program should receive CDBG funding:

9. Describe the specific program for which CDBG funds are being requested:
10. Describe what the CDBG funds will be used for (salaries, wages, benefits, etc). What other sources of funds does your organization use to leverage Chula Vista's CDBG dollars?

- 12. If your application is a collaborative proposal, please identify the participating agencies and the amount of funding requested by each agency. Also, describe the process of allocating CDBG funds between each participating organization.**

13. What types of fund-raising activities, if any, does your organization undertake to supplement your budget and how much was raised during your organization's fiscal year?
14. In the event your organization does not receive the requested amount of CDBG funding, how will this impact your organization and its ability to offer services?
15. Who will be providing the program services? Please describe the qualifications of key staff:

WORKPLAN

- A. **Please specify the key activities which will serve to meet your objectives and the dates you plan to accomplish the activities. Key activities might include:** Promoting the project and its activities to the target population; Coordinating project participants and networking with other organizations or individuals.
- B. **Describe the *process* evaluation.** Describe how the program will collect data and maintain records to track program activities. Example: Documentation of program participation via sign-in sheets, meeting minutes describing actions taken, files of news releases, letters demonstrating additional support for the project.
- C. **Describe the *outcome* evaluation.** Describe how each objective (not activities) will be measured to determine if it has been met. Example: interviews of key participants, policy or resource allocation changes, pre- and post-test surveys of the target populations.

Goal Statement:

Objective :

KEY ACTIVITIES	DATE
1.	
2.	
3.	
4.	
5.	
6.	
7.	

Examples of Process and Outcome Evaluation:

Process Evaluation: 50 - 75 youth between the ages of 13 and 18 will be trained as tobacco education as tobacco education leaders/mentors through a minimum of two six-hour training sessions (with 35-50 youth attending each session) using the University of California's Project for Health curriculum.

Outcome Evaluation: 25 - 38 of the youth mentors will engage in a behavior or activity, in the community, at school or home, to reduce exposure to tobacco, such as establishing a smoke-free home or vehicle for their family.

Process Evaluation:

Outcome Evaluation:

**Budget
Funding Source(s)**

Please list each budget line item and the source of the funding. Include all program expenses, personnel costs and any program income. Attach additional sheets, if necessary.

BUDGET ITEM	CHULA VISTA CDBG	OTHER List Other	OTHER List Other	TOTAL
Program Expenses				
1.				
2.				
3.				
4.				
5.				
6.				
7.				
Personnel:				
8.				
9.				
10.				
11.				
12.				
Program Income:				
13.				
14.				
15.				
Total Costs				

